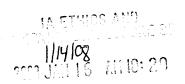
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form



FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Org	anization)			
Cedar Rapids Physician Hospital Organization Political	Action Committee		FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: 2 (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue			DR-2 (ev. 07/2007) or Office Use On	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	Sc	gged In Sanned	
Office Sought	District (if Senate or House)		-	
Late reports are subject to possible civil and criminal penalties. Proceedings of the subject to possible civil and criminal penalties. Proceedings of the subject to possible civil and criminal penalties. Proceedings of the subject to possible civil and criminal penalties. Proceedings of the subject to possible civil and criminal penalties. Proceedings of the subject to possible civil and criminal penalties.	ursuant to Iowa Code sections 68B.32 515/283 - 1801 TELEPHONE	A(7) and 68,	A.401(3), the ca	8
I AM FILING A January 19, 2008	PEDORT FOR (4) ELECTION	1 //2\NIONI E	EL ECTION VE	ND.
(report date)	REPORT FOR (1) ELECTION Indicate by		ELECTION YEA	AK.
☐CHECK IF AMENDMENT TO REPORT DATED	·		nittage enter Del	o of Election
		Local Com	nittees, enter Dat	e of Election
☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is filed	of Dissolution Form DR-3. d.)	County & Lo which Elect	ocal Committees, ion is held	enter County in
STATEMENT OF CASH ON HAN	D			
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is f	cash on hand at the end	\$	9,721.75	
ADD TOTAL MONEY TAKEN IN THIS PERIOD	, ,	•		
Schedule A: Cash Contributions total (Attach Sched	fule A) (*also see in-kind below)		0.00	
Schedule F: Loans Received total (Attach Schedule F)				
Schedule H: Total Sales of Campaign Property (Atta	ach Schedule H)		0.00	
(Schedule H applies to Candidates' Com	mittees Only) SUB-TOTAL	\$	9,721.75	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		•••••••		
Schedule B: Expenditures total (Attach Schedule B)			1,000.00	
Schedule F: Loan Repayments total (Attach Schedule F)			0.00	
CASH ON HAND at the end of this reporting period (if final report balance must be zero)			8,721.75	
**UNPAID BILLS (From Schedule D - Attach Schedule D)			0.00	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche			0.00	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)			0.00	
CONSULTANT BREAKDOWN (Schedule G Attached?)	,	······································	YES✓I	NO
` · · · · · · · · · · · · · · · · · · ·				
CANDIDATE COMMITTEES ONLY:				••
CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta	ach Schedule H)	\$	0.00	····

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF AMENDING FORM			

COMMITTEE NAME (Must be same as on Statement of Organization)

Cedar Rapids Physician Hospital Organization Political Action Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/21/07	ID# ₁₃₂₄ CK#1019	Swati Dandekar Campaign Commmittee 2731 28th Avenue Marion, IA 52302	fundraiser	\$ 1000.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 1000.00
			TOTAL (if last page of this schedule)	\$ 1000.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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